THE MEDICAL EXAMINER,

And Retrospect of the Medical Sciences.

Vol. VI.] PHILADELPHIA, SATURDAY, JULY 8, 1843. [No. 13.

BRIEF REMARKS ON THE TREATMENT OF FISTULA LACRYMALIS BY DILATATION.

BY ISAAC PARRISH, M. D.

One of the Surgeons to Wills' Hospital.

In several cases of fistula lacrymalis, which have recently fallen under my care, a plan of treatment has been pursued, differing in some respects from that generally recommended; and sufficiently satisfactory in its results to warrant a public notice.

The principle of treatment is not new; it is precisely that which is recognized by the best authorities, in the management of strictures of the urethra, by the gradual and steady operation of bougies of various sizes. The two affections are indeed very similar; in both a mucous canal is obstructed by the thickening of its internal surface, under the influence of chronic inflammation; whereby the fluids destined to pass through it, are impeded in their course.

In the case of the nasal duct, when the obstruction is complete and permanent, the lacrymal sac becomes inflamed, or distended to such a degree, as either to burst spontaneously, or to require an opening—thus forming a fistulous opening over the sac.

The obvious indication under these circumstances, is to re-establish the passage to the nose, and thus to relieve the patient from the unpleasant consequences of a constant accumulation of fluids within the lacrymal sac.

In mild cases of this description, injections into the sac and duct by Anel's syringe, the passage of probes, and the adoption of a course of treatment to reduce inflammation, has been found sufficient to effect a cure. In the large proportion of cases, however, a more energetic practice becomes necessary. The course generally recommended, and practised, is to enlarge the fistulous opening, and insert into the duct the nail headed style of Ware, which is worn by the patient, and is said to secure the passage of the tears to the nose.

Never having used this instrument, I cannot speak from experience of its merits, having always been able to effect the desired object by less objectionable means.

The plan pursued has been, first to reduce any inflammation which may exist around the fistulous sore, by means of emollient poultices, and then introduce a small piece of fine wax bougie, having an acute point, down to the strictured part, (or as far as it can be inserted,) and by turning over its blunt end to secure it there by means of an adhesive strip drawn firmly over it. This may be removed in a day or two, and after washing out the parts, may be reintroduced, or one of a larger size inserted, if it can be borne. At the commencement of the treatment little more will be accomplished than to dilate the fistulous orifice, and to induce a more healthy action in the mucous surface of the sac and duct, but by perseverance in the plan, an advance will be made from day to day upon the strictured surface; until, finally, a bougie can be passed through the whole extent of the canal. This being accomplished, the dilatation should be continued, until the bougie will pass freely, and until all hardness and inflammation has disappeared from around the fistulous orifice—when it may be permitted to heal up, which it will usually do under simple dressings.

By this process the canal is gradually dilated, and its mucous surface restored to a healthy condition, without doing violence to the parts, while the duct is placed in a condition to resume its natural functions, without the necessity of permanent dilatation. If, however, there should be a disposition to relapse, after the closure of the orifice, it may be counteracted by the use of stimulating ointments to the inner surface of the lids, by astringent washes, or by such other means as circumstances may indicate, preventing, if possible, the reopening of the fistulous sore.

Beer, the German oculist, has recommended the use of catgut to force the obstructed duct. A piece of catgut of the ordinary length and size of a small fiddlestring is passed through the duct into the nose, one extremity is brought out and fixed near the ala nasi by sticking plaster; and the other secured to the brow by a turn or two of bandage. Every day a fresh portion of catgut is drawn through, until several sizes have been made to pass, when the cure is considered complete, and the fistula is allowed to heal.

A serious objection to this method is found in the difficulty of effecting the passage of the duct, at one operation, by any instrument, however fine, and should the operator succeed, the force required would be apt to tear the mucous surface and excite a degree of inflammation, very unfavourable to the ultimate restoration of the parts; whereas, by the gradual process here recommended, the difficulty is slowly overcome, while, at the same time, the diseased mucous surface is restored to healthy action, and the integrity of the canal is preserved.

Indeed, one of the great advantages of the bougie made of waxed linen, is its bland and salutary action on a surface which has been thickened by chronic inflammation. This is evinced by the increase of mucous discharge which follows its introduction, and in the gradual return of the membrane to its normal state. The same remark applies to strictures of the urethra, and hence it was that the late Dr. Physick and others preferred the bougie of waxed linen, for the treatment of stricture, to those of more modern invention.

The instrument is made by dipping a piece of fine linen into white wax in a melting state, and suddenly withdrawing it. It is then allowed to cool, and cut into portions which, when tightly rolled, form a bougie, of any size which may be required.

Another advantage possessed by this instrument, is, that it may be cut or bent with great ease, and be made smaller by unwrapping, without the necessity of having a great number of sizes already prepared.

It may be mentioned, also, that this form of bougie is very useful in the treatment of fistulous sores or

sinuses, where it is important to excite a moderate degree of inflammation.

The introduction of a bougie of suitable size into a sinus, and its retention there by appropriate dressings will often be found more effectual in promoting healthy action, than the use of stimulating injections, or other more violent means.

CASE OF ABSCESS THROUGH THE LUMBAR REGION OF THE BACK—DISCHARGE OF TWENTY STONES.

BY A. H. PERKINS, M. D.

To the Editor of the Medical Examiner.

Sir,—I send you enclosed, two (of twenty) stones discharged by an abscess through the lumbar region of the back.

The patient is a man of apparently good constitution, and has enjoyed moderate health for many years. About ten years since, he says, he had frequent pains in his back, and much acidity of stomach, which were removed by treatment.

In February, 1842, I saw him, in company with Dr. D. Tabb, of Matthews county. A few months before a swelling had commenced in his back, just below the kidney of the left side, and continued to increase until this time. Poultices, &c., had been used, and now a fluid was perceptible to the touch. An abscess lancet was introduced to the depth of an inch through the swollen part, and a considerable quantity of serous blood escaped, and continued to escape for several days. The poultices were reapplied, but owing to irregularity of treatment, a sinus of an unhealthy character was formed which was cured with port wine injections, caustic, &c. No disease of the kidney was suspected. The digestion was good, urine tolerably clear, and the gentleman able to attend to his office of Sheriff, throughout the whole period, and it was thought advisable to close the wound. It continued, however, tender with occasional pain in the part, until December following, when it commenced rising again. Broke in March following and discharged the stones above mentioned. The pain in the back was intermittent throughout the whole period, not much increased by pressure; the constitutional symptoms very slight; and the urine not more sedimentous than occurs in slight febrile affections, and not constant in that situation.

The place is now open, discharging pus with a grisly substance protruding from it. I advised the application of caustic; constitutional treatment was refused, the patient being a Thompsonian.

Ayletts, King Wm. co. Va., June 6, 1843.

CASE OF POISONING BY LAUDANUM.

BY J. L. BURT, M. D.

To the Editor of the Examiner.

Dear Sir,—I present for publication, should you think it of sufficient importance, a case of poisoning by laudanum, which terminated fatally. It occurred in a child, whose mother had been in the habit of forcing sleep, by means of Godfrey's cordial. I send you a specimen of the laudanum taken, and such as is generally kept in the stores here. This was given by mistake for the cordial. I should be much obliged to you if you can give me the relative strength of this specimen, and that of the officinal tinct. opii.

CASE.

I was called upon at one, A. M., of the 15th June, to see John Budd, aged thirteen weeks. At half past seven o'clock, of the previous evening, its mother had given it a tea-spoonful and half, of what she supposed was Godfrey's cordial, in order to procure sleep. It slept soundly, and no particular attention was called to its state, until the mother was waked about one, A. M., by a fit, as she called it. In a few minutes she went down stairs, and discovered that she had given laudanum. I was sent for at this time, about five hours and three quarters from the administration of the dose.

Found. Face and head flushed and hot, with great turgescence; limbs drawn up; eyes in constant and rapid motion, thrown upwards; iris contracted so much as to be scarcely perceptible; and eyelids immovable; no apparent vision; the utterance of its name in a loud key seemed barely to be heard. Pulse 180, small and thready. Deglutition very difficult; stertorus breathing; tongue flabby and pale. Extremities cold and discolored.

Treatment—Not having a stomach pump at hand it was not tried; I am inclined to think that it would have been useless, or almost impossible to apply it owing to the closeness of the mouth, and the resistance which it afforded upon any attempt to open it. R. Sulph. zinc., grs. xv., in solution. In fifteen minutes, R. grs. v., repeated at the same interval, grs. v. twice more, followed by grs. xv. No vomiting produced—directed an attendant to cool her hand upon the bricks, and apply it suddenly to the abdomen. After several trials a very moderate emesis was procured. Encouraged by warm drink without effect. No visible sign of laudanum in the matter discharged. Appeared to be medicine taken, and some indigested milk. Had, during this period, applied sinapisms to the extremities. Warm bath to the thighs, and continued friction. R. Carb. Ammon., grs. v., repeated at intervals of twenty minutes, in order to decompose any opium which might remain in the stomach, and diminish the solubility of the morphine.

Seemed in a short time somewhat relieved from the comatose symptoms. Continued efforts to procure emesis in vain; coma as profound as before; kept up constant motion and friction.

Six and a half, A. M. Pupils rather more dilated; extremities cold, and of a darker tinge. Pulse almost imperceptible; deglutition impracticable.

Eleven, A. M. Coma more profound; pulse fifty, full, soft, intermittent. Continue friction as before.

Twelve and a half, P. M. Dead. Countenance and skin generally discoloured; body bloated; pupils very much contracted. No post mortem was allowed. Thus death occurred in seventeen hours from the administration of the dose.

Blackwood Town, N. J. June 16, 1843.

ACETIC EXTRACTS.

M. Ferrari assures us that extracts of aconite, cicuta, hyosciamus, and stramonium, prepared with distilled vinegar, are much more active than those made with water. He has obtained still more active extracts by treating the plants with alcohol at 36°, containing 1-36th part of its weight of pyroligneous acid.—*Prov. Med. Journ.*

CLINICAL LECTURES AND REPORTS.

JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROFESSOR MITCHELL.

Dispensary of Jefferson Medical College, July 5, 1843.

(Reported by H. T. Child.)

LECTURE I.

Case I.—Margaret McG——, æt 30. Intermittent fever, tertian type of six weeks standing, attended with constipation. Professor M. remarked that was a common case, and presented no peculiarities, and the treatment would be very simple. There is much more noise made in the medical profession about the effect of *different* doses of quinine than is warranted by these effects; in ordinary cases a medium dose is altogether sufficient to arrest the paroxysms. My usual practice in these cases is to give quiniæ sulphas, gr. v., and pulv. opii, gr. i., an hour previous to the expected return of the paroxysm, directing the patient to go to bed and promote sudoresis by warm clothing. There is a great liability to a return of this disease; to prevent this I am in the practice of giving small doses, say grs. iij. daily, for twenty-one days, when, if there be no organic lesion or renewal of the exciting cause, the patient will be well.

Case II.—James D., æt. 35. Has had a cough for three weeks, accompanied with pain in the head, chest and lower extremities.

This, gentlemen, is a case of influenza, the prevailing epidemic, which is now exciting so much interest in the minds of medical men. Unlike most other epidemics which originate to the N. E., this commenced its ravages in New York. Perhaps the aerial poison was introduced into that place from the sea. We have no account of the existence of the epidemic at any other place previous to its appearance in that city. It appears to have travelled in all directions—having reached Boston about the same time that it appeared in this city.

The *causes* of these epidemics are involved in the greatest mystery. That the poison is either something superadded to, or detracted from the atmosphere, which is imperceptible, except by its effects, is very evident; the prevailing opinion is that the former is the case, and Dr. Prout has suggested the idea that the poison is thrown out from the earth by the operation of volcanoes and earthquakes. This suggestion is worth examination, particularly at the commencement of the investigation of this very important subject; for, said Professor M., when we shall have discovered the nature of this aerial poison, we shall no doubt be able to find means of counteracting and destroying its influence,—and the man who shall make this discovery, will be a greater benefactor than even the immortal Jenner.

Symptoms.—Being in New York about the time this disease first made its appearance, I had an opportunity of witnessing some of the most severe cases; so violent was it, at first, that several persons died before medical aid could be applied to arrest the disease. It assumes a great variety of forms, the most common cases commenced with violent pain in the frontal region, so severe, in some instances, as to produce delirium, this was followed in a few hours by pain in the malar region, extending up to the eyelids, after this there was a copious secretion from the schneiderian membrane, in many cases bloody, and so profuse that it ran in a stream. One fellow in New York said he felt as if he had a Croton pipe passing through him. These stages lasted from twelve to twenty-four hours, and, unless arrested by proper treatment, were followed by violent congestion of the lungs, which in turn was followed by profuse secretion; after this there was but little danger, except in those cases (which you know are so frequent in this country,) where the tubercles were lying dormant; the shock is almost certain to rouse them and lay the foundation for permanent and serious pulmonary affections. In this case as in other epidemics, those persons who were attacked early in the season would have a cough more or less severe throughout the prevalence of the epidemic; and he remarked to a patient of his that when the last man who took the influenza got clear of his cough he might then expect to, but not before. In Boston and in this city it had not been so severe as in New York—among the anomalous symptoms might be ranked, muscular pains, most frequently of the neck; the lower extremities were often painful, and there was a general sense of weakness, and a profuse clammy perspiration, so that the beds and bedding were soaked. Unlike most other epidemic influenza which have attacked children and old persons, this has been more severe upon the middle aged and those of strong, robust constitution.

Treatment.—This of course varied according to different views of practitioners. Some who consider that epidemics will run a definite course, were disposed to use a placebo—flaxseed tea or mild syrup, and warm pediluvia. Others recommend the use of emetics, cathartics, &c. &c., but, gentlemen, the practice upon principle in this case, as in all others, is the only one that I would recommend. Treat the symptoms as they exist; and whether it be in epidemic or sporadic cases, your success will be greater than under any other plan. That the influence of an epidemic does operate against the successful treatment of any disease, we all know. How would you be likely to succeed in resuscitating a drowning man while he is still under the water? Go forward, then, upon principle, and you will be able boldly to combat this disease. In many cases I have found abstraction of blood, either by cups or leeches, or general bleeding, to afford speedy and permanent relief. Topical bleeding, I generally prefer; and strange to say, in the sweating stages no remedy has been found so successful as sudorifics. Instead of the cold and clammy perspiration in which the patient is bathed, you will find, under the use of acidulous drinks, neutral mixture, tartar emetic, &c., that the natural and healthy exhalations of the cutaneous surface will be restored. A mercurial cathartic followed by Saratoga water, salts, or any other purgative, may also be prescribed with advantage. Under this treatment persons who, from the severity of the first symptoms, supposed they were to be sick several weeks, have in a day or two been able to attend to their ordinary avocations.

We will have the patient before you cupped over the chest—a purge of Pilul Hydrarg., and to-morrow follow it by Magnes. Sulph. ℥j.

Case III.—E. H. æt. 30. Pain in the chest, and cough. Treatment as before, with a blister over chest.

Case IV.—Robt. P——, æt. 26. Influenza. Treatment—Venesection, ℥xii.; Mercurial purge, followed by salts.

Case V.—John T——, æt. 60. Nervous debility; great weakness and tremors of the extremities; atrophy of the nervous centres.

This case, gentlemen, we shall treat homœopathically—not Hahnnemanically. Homœopathy is as old as Hippocrates—but we shall not give him a fraction of the shadow of the shade of the ghost of a dose. Give him three grains of the iodide of potassium, three times a day in a wine glassful of sweetened water. This remedy has been noted for producing atrophy of different organs.

Case vi.—Francis McL——, æt. 60. Chronic gastritis; dyspepsia; pulse full, active. Treatment—Venesection and Pills of Aloes Rhei, Calomel and Soap, one daily.

Case vii.—Chas. McG——, æt. 31. Influenza. Treatment as in the other cases.

Case viii.—Ann W——, æt. 40. do. do.

Case ix.—Mary Ann G——, æt. 42. Chronic pain around the anterior fontanel; periostitis. Treatment—Counter-irritation by Ung. Ant. et. Pot. Tart. immediately over the affected part.

Case x.—Archy R——, æt. 70. Hematemesis, with general prostration. This, said Prof. M., is a case of the wearing out of the system, and in which we can do but little. We will give him some diffusible stimulant—say two grains of sesqui-carbonate of ammonia, and five drops of aromatic spirit of ammonia, in solution, twice a day.

Case xi.—Mary E——, æt. 30. Has had intermittent fever; complains of worms, which she has seven times ejected from the stomach. Treatment—Spirits Terebinth. gtts. xx.; Oleum Ricini ℥ss. every morning.

Case xii.—Julia L——, æt. 45. Influenza. Treatment as before.

Note. There were seven or eight other cases prescribed for at this clinic.

PHILADELPHIA HOSPITAL.

Service of Meredith Clymer, M. D.

(Reported by W. C. Benedict, Resident Physician.)

Case of Soft Cancer of the Ovary, with Multilocular Cystic Dropsy.

Caroline R., æt. 22, a German by birth, of good habits, has had one child, and always enjoyed good health, until about the 12th of January, 1843, when, while carrying a heavy weight, she felt a sudden pain in lower part of abdomen, which was followed by a discharge from vagina. The pain gradually increased from that time, but was not severe enough to confine her to bed, until about the first of March.

Entered medical ward, March 7th. General appearance of patient—cachetic, countenance sharp and expressive of anxiety; skin a little warmer than natural; pulse 110, soft, moderately full, and rather quick; tongue has a whitish coat in the middle, clean at the edges; respiration high, quick, and entirely thoracic; chest healthy, no pain, and no cough.

Abdomen much enlarged at the lower part, tense, and shining, dull on percussion, quite tender on pressure, especially above the left iliac region. On auscultation no abnormal sound was discovered. A large tumour could be felt, on passing the hand over the abdomen, filling up the whole of the cavity of the pelvis and lower part of abdomen.

On examining per vaginam, the walls were found healthy; the os, and cervix uteri, rather to the right side behind the symphysis pubis, and in immediate contact with the posterior parieties of the urethra, and in a healthy condition; posterior to the neck of the uterus a large round tumour was found, projecting partly into the vagina, of firm, uniform consistence, and quite elastic.

Patient is obliged to remain in a semi-recumbent posture, on account of the pain, and difficulty of breathing while lying. Her bowels are habitually costive; has no difficulty in passing her urine; appetite very good. Death supervened May 26th.

Autopsy 24 hours after death.

On inspection of the body, the abdomen was found as large, as at full term of utero-gestation. The wrists, hands, and both of the lower extremities, greatly œdematous, and pitting on pressure.

The walls of the abdomen were adherent to within three inches of the ensiform cartilage, to a firm body within, being connected by dense layers of lymph, which could be separated only with difficulty. The tumour extended from the bottom of the pelvis to the sternum, filling up the whole of the cavity, and connected to the apex of the liver by a firm adhesion; the stomach and intestines laying posteriorly, and much compressed; the ascending and descending portions of the colon with the peritoneal covering, were adherent to the tumour posteriorly, and of a dark slate colour; the arch remained free.

Numerous globular cysts were found in the liver, at or near the surface, of various sizes, consisting of soft, whitish grey matter. The left kidney was found three inches above its natural situation, and very close to the spinal column; the ureter natural; right kidney in situ, the ureter distended to an inch in diameter, and filled with urine; substance of kidneys harder than natural, otherwise healthy.

Uterus of natural size, very hard, almost cartilaginous, and adherent by its posterior surface; right ovary distended greatly with fluid, adherent to the mass, and of three times its natural size, the fimbriated extremity of the fallopian tube, studded with small tumours, similar to those found in the liver. The left ovary and fallopian tube were entirely obliterated, being merged in the tumour.

The tumour was made up of numerous cysts, of various sizes, containing dark coloured, turbid serum; the walls of the cysts consisting of encephaloid matter, presenting a whitish grey appearance, soft, and easily broken.

The quantity of fluid contained in the tumour was estimated to be about two gallons, and the tumour exclusive of the fluid, weighed fourteen and a half pounds; viscera of the chest were healthy. Brain was not examined.

Remarks.—The patient was examined by Dr. Dunglison, soon after her admission, and a diagnosis of multilocular cystic dropsy of the left ovary was made, and a palliative plan recommended by him, one calculated to keep the patient's system as near the standard of health as possible. For this purpose gave mild laxatives and mucilaginous enemata *pro re nata*, to prevent constipation; the solution of potassia, at first f℥j. morning and evening; afterwards as often as indicated, and anodyne applications to abdomen, to relieve the pain; also, wine was given to support her strength.

Although numerous examinations were made during the disease to discover any fluctuation, it was not clearly made out until about three weeks before death when it was found in limited spaces, chiefly in left iliac and hypogastric regions, and apparently deep seated.

The malignant nature of the tumour was not

pected until revealed by the post mortem examination, being at no time indicated by that peculiar straw-coloured tint of the skin, so characteristic of the cancerous diathesis.

BIBLIOGRAPHICAL NOTICES.

The Kidneys and Urine. By J. J. Berzelius. Translated from the German, by M. H. Boyé and F. Leaming, M. D.

This book is designed expressly for the use of those who wish to have a knowledge of the chemical qualities of the urine, and of the best methods of examining this secretion in various diseases. In regard to the history of each ingredient, it is more detailed, more complete than any thing that has yet been written, and its authority is such as few will venture to question.

It is an agreeable thing to see a man like Berzelius, in advanced life, with unimpaired faculties, still eagerly pursuing that science to which his whole life has been devoted. It is still more agreeable to witness the homage he receives from all chemists; he seems to be regarded as the *father* of modern chemistry. His "*Year-Book*" manifests his unconquerable energy, as well as the intense interest with which he watches the progress of his science. There you may see him judging the merits of every thing produced, and stamping every thing that is good and true with his own seal. Every fact, every process, every theory that is proposed by any chemist in the world, he examines, and discusses and settles.

The book before us is the first attempt to make known the wonderful excellence of this man to those who are acquainted with the English language only. It is a faithful translation of part of his *Animal Chemistry*, and is on a subject exciting at present a good deal of attention in England. We believe this interest was first awakened by Dr. Prout. Certainly, no one can read his elaborate work on the "Stomach," &c., without being convinced of the necessity of a chemical knowledge of the urine in many complaints. According to him the existence of cystic oxide is not so uncommon as was supposed; sugar is very frequently present; and oxalic acid often accompanies certain deteriorated conditions of the system which cannot be relieved before measures are taken to prevent the formation of this acid. These are facts of great importance, not to science merely, but to many a sufferer whose life is rendered miserable by the ignorance of his physician. Dr. Prout's work, however, treats only of the *diseases* dependent on or accompanied by deranged conditions of the urine. He prescribes no methods by which the healthy or deleterious substances may be detected. We believe Willis is the only author who has given such prescriptions, but after a careful examination we have concluded that some of them are useless, and many of them incomprehensible. It is exactly this deficiency in English science which this treatise of Berzelius completely meets. The tests he prescribes are so simple and easily applied, that any one in half an hour's time can ascertain the presence of all the ingredients, and that too by a very small outlay for chemical tests. Half a dozen test tubes, and a dozen bottles of tests, costing in all less than five dollars, will enable a physician to make any observations he may require, and have materials enough for daily observations for several years. We have been in the habit for some time past of using the means he has pointed out for the examinations, and we declare we would on no account be without them; the satisfaction of knowing positively that a patient has or has not kidney disease, is worth much trouble, without reference to the improved chances of benefit to the patient.

A Practical Treatise on the Management and Diseases of Children. By Richard G. Evanson, M. D., Professor of Medicine in the Royal College of Surgeons, Ireland, and Henry Maunsell, M. D., Professor of Political Medicine in the Royal College of Surgeons, Ireland. Second American, from the fourth Dublin Edition, with Notes, by D. Francis Condie, M. D., Fellow of the College of Physicians of Philadelphia, &c. Philadelphia: Ed. Barrington & George D. Haswell. 1843. 8vo. pp. 372.

This publication is familiar to the American Medical public, through a former edition. The present edition is enlarged, and in its present form constitutes one of the best works on the subject in our language. We do not intend to say that it is by any means unexceptionable, but that at this time we know of no English production on the same subject which is superior, or perhaps, on the whole, as good. Dr. Condie has added a few notes, together with an excellent chapter on Gangrene of the Mouth in Children, and he has judiciously extended a section which treats of Cholera Infantum, the description given by the authors showing that they were treating of a disease differing widely from the formidable affection known in this country. Dr. Condie might, we think, have been less sparing of his emendations and additions, and by so doing he would have supplied several lamentable deficiencies. The chapter on Pneumonia is very imperfect, and the important, and by no means uncommon affection of Tubercular Meningitis is passed over in the following manner: "Dr. Gerhard describes tubercular deposition on the membranes. We have certainly seen some cases of this description." p. 287. Both diseases are, we suspect, by no means uncommon in Ireland, and we are surprised that the omission of the authors has not been supplied by the editor.

On the whole the work is a very excellent one; indeed no better manual is at present within reach of the student and practitioner.

We learn, with much pleasure, that Dr. F. Campbell Stewart, of New York, is about publishing "A General, Historical, and Statistical Account of the Hospitals of Paris, with Biographical Notices of the Most Eminent of the Parisian Surgeons." The work will be divided into two parts. The first part will contain the lives of the most distinguished surgeons,—as Velpeau, Roux, Jules Cloquet, Lisfranc, Civiale, &c.&c. The second part will embrace a historical and statistical account of the Public Hospitals, with useful and interesting information with regard to the School of Medicine, the expense of education and living in Paris, the Royal Academies, Medical Journals, &c.

A work of this kind has long been wanted. The

American Student goes abroad knowing little of the characters of the men he is to come in daily contact with; and totally ignorant what he is to do when he gets there. Much time is lost, and money expended in gaining experience. The present book will abridge materially this labour, and spare him much trouble and unnecessary expenditure. The biographical portion will be highly interesting to the profession in general.

Dr. STEWART was for some years a resident practitioner of medicine in Paris, and was attached to our embassy in a medical capacity. The extensive opportunities he enjoyed, and his high abilities (which are well known to our readers, from his contributions to this Journal,) are sufficient guarantee that the work will be ably executed. It is to be published by subscription, ($2.00.) Carey & Hart, and Grigg & Elliott, are the agents in this city.

ONYCHIA MALIGNA OF THE GREAT TOE.

BY A. COLLES, M. D.

I am of opinion, founded on some experience, that this disease may be cured without resorting to such a painful measure, [as excision of the diseased matrix,] by external applications alone, which are unattended with pain, and which, in a few days, will induce a considerable amendment: and even a perfect cure in the course of three or four weeks. The plan of treatment which I have pursued for some years, and, as yet, with invariable success, is as follows: I confine the patient to bed, and direct a poultice to the toe for two or three days; I then cleanse the ulcer carefully, by directing on it, from some height, a small stream of tepid water from a sponge; I next cut away as much of the loose nail as I can, without paining or irritating the sensitive surface around, and then I fumigate the part by means of the mercurial candle, containing ʒi. of the hydr. sulphuretum rubrum (olim cinnabar,) to two ounces of wax. This fumigation is to be applied night and morning, and after each, the toe should be gently enveloped in lint or linen, lightly spread with ung. spermaceti. In four or five days, the patient will express himself as considerably relieved; the discharge from the ulcer will be found of a healthy, purulent character, and the appearance of the whole part much more favourable. The fumigation is still to be persevered in, and all projecting portions of nail to be closely cut: I consider this latter direction as very essential, as thereby the mercurial fumes can have more free access to the surface of the ulcer. In proportion as the ulcer improves, it is interesting to observe, so does the condition of the growing nail; it acquires not only its natural firm and horny consistence, but also assumes its proper horizontal direction. For some time after the general surface of the ulcer has been healed, there still remain small spots of ulceration, generallyat the angles, around some white germs of new nail; against these points the full force of the mercurial vapour should be directed; this can be effected by adding a small conical ivory tube to the funnel. I attribute much of the success of this treatment to the use of the mercurial candle, in preference to fumigation in the ordinary mode. I must observe, that during this course of treatment, the patient must absolutely abstain from walking, or even standing on the affected limb; exercise but for a single day will counterbalance all the amendment produced by a week's rest and fumigation. In the cases which I have thus treated, I have had no recourse to any constitutional treatment, or to any peculiar regimen; no doubt, cases must occur in which there will be derangement of the general health, and which will require suitable constitutional remedies, before we can expect to cure the local disease by mere local applications. I make no doubt that this ulceration may sometimes arise from, or be so intimately connected with some constitutional derangement, as to be incurable, without the aid of constitutional treatment. Mr. Wardrop, in his paper above alluded to, has recommended a cautious and judicious use of mercury, and has recorded some instances of its success.

The uniform success which has attended this plan of treating onychia, by mercurial fumigation, during the last few years I have adopted it, leads me to hope that the surgical operation I have already alluded to may in future be dispensed with; but even should more extended experience prove that I have been too sanguine as to this expectation, yet I feel persuaded that this practice cannot be injurious, and that it will never fail to improve the condition of the ulcer, and of the surrounding parts, reducing the enlargement, and removing the deformity of the toe; so that, even should the operation be ultimately necessary, the surgeon will be better enabled to ascertain the exact situation and extent of the disease, and thus, by a single operation, to remove the whole of the matrix so effectually, as to secure his patient from any relapse; therefore, the time which has been occupied in the fumigating process cannot be considered as lost or misapplied.—*Dub. Journ. of Med. Sci.*

INFLUENCE OF SEASON ON THE PRODUCTION OF PNEUMONIA IN CHILDREN.

The season of the year has always been regarded as exercising considerable influence on the development of pneumonia, which has been generally supposed to be most frequent in the later winter and early spring months. The proportion borne by cases of pneumonia to all the cases, 2,450 in number, that came under my notice at the infirmary for children in 1841 and 1842, taking the mean of the two years, is shown to have been, during each three months, as follows:—

In 1st three months,	5.1	per cent.
In 2nd "	2.5	"
In 3d "	3.8	"
In 4th "	5.8	"

Although this table does not quite accord with the generally received opinion as to the season when pneumonia is most prevalent, yet it tallies exactly with the results presented in the third report of the Registrar-General. It appears from that document that the greatest mortality from pneumonia among persons under the age of fifteen years takes place in the month of December; and, on a comparison of the different quarters of the year, it will be seen that the deaths from pneumonia are, to the deaths from all causes of persons under fifteen, in the following proportions:—

In 1st three months,	15.3	per cent.
In 2nd "	11.4	"
In 3d "	8.9	"
In 4th "	18.7	"

Dr. West, in Brit. and For. Med. Review.

RETROSPECT OF THE MEDICAL SCIENCES.

TREATMENT OF PNEUMONIA.

Some very interesting results have been obtained by Grisolle in reference to the influence of blood-letting on the progress of pneumonia from the first to the second stage; and as he advises blood-letting much in the same way as we do in this country, I may shortly notice his observations in order to contrast them with what he found to occur in cases treated by antimony alone. He bled forty-six cases in the first stage of the disease, and yet all, with the exception of ten passed into the second. He treated forty-four cases with antimony alone, and they were not selected because improper for blood-letting, or because the disease was trivial, for in thirty five it had already passed into the second stage, and one in seven of the whole number died. The effects of the antimony were much more strikingly beneficial than those of the blood-letting had been in the other cases. In those who recovered, the principal *symptoms* began to amend on the first or second day for the most part, and the local signs continued to increase for several days only in a single instance, while in eighteen cases they began to improve at the end of the first day. That blood-letting should have been practised in some of these cases he admits, referring more especially to three of the six cases that died, in which he says that the circulation was unusually vigorous. We learn from these various researches, not that the one or other practice should be exclusively adopted, but that it is not necessary to repeat the blood-letting so often as the patient seems capable of bearing it—that much of the cure may be safely entrusted, in a great many cases that would still admit of depletion, to the antimony—and that, since antimony alone is evidently so potent a remedy, we have no reason to despair of ultimate recovery in cases that will not bear the evacuation of blood—a remark which can seldom be made of any other considerable inflammatory disease than pneumonia.—*Prof. Henderson, Lond. and Edin. Monthly Journal.*

SOMNAMBULIC DOGS.

One of the most interesting and (as we are gravely informed) convincing proofs of the truth of Mesmerism, has recently been crushed in the bud by the ignorance and perverse activity of the French police.

Driven from the scientific societies, and finding that public credulity was becoming rather slack, the Mesmerists hit on a novel expedient, which at least had the merit of silencing all accusations of trickery and collusion. They hired a small theatre, and brought out a company of somnambulic dogs. But the wickedness of man respects nothing, and the brightest plans are often blasted by the most ignoble of persecutors. Scarcely had the actors placed their four paws on the stage when the *sergens de ville* rushed in, and consigned both beasts and Christians to the safe keeping of the station-house.—*Prov. Med. Journ.*

COLD INFUSION OF CINCHONA CORDIFOLIA.

Mr. Battley has given, in the "Medical Gazette," an account of a preparation called Liquor Cinchonæ Cordifoliæ, consisting of a concentrated cold infusion of that variety of Peruvian bark. The writer believes that the value of the yellow bark has been too generally and too exclusively attributed to the quinine it contains. A series of experiments has afforded the following "pharmaceutical analysis" of this species of Cinchona bark:—

A peculiar acid, tannin, aromatic principle (essential oil?), lime, potash, alumina, iron, hydrochloric and sulphuric acids, silex, wax, resin, gummy matter, starch, woody tissue.

"The most agreeable cold infusion, and that which is most likely to suit a weak stomach, is formed by half an hour's infusion. Little or nothing is gained by continuing the maceration after the end of three hours in the same fluid; if the fluid be then poured off and a fresh proportion of water added, the maceration may be repeated for the same time. The acid, quinine, tannin, and aromatic principles, are taken up rapidly from the commencement of the operation; *the lime somewhat later.* The tannin taken up by the water apparently forms subsequently a new combination, which diminishes its effects on the salts of iron; for after six hours maceration the infusion, which had previously given a copious precipitate with the muriated tincture of iron, ceased to do so, though it acquired the green colour."

The conclusions arrived at by the anthor are as follows:—

1. Bark will yield to *cold distilled water* all its constituents except starch and woody fibre, some earthly salts, and a small portion of tannin and quinine, which can only be separated from the tissue by means of an acid.

2. Twenty-eight pounds of good yellow bark will yield from five to six pounds of concentrated liquor, specific gravity 1200, containing about ten ounces of quinine; the aroma, and the greater part of the tannin and iron, and the peculiar acid of bark, of which only a small portion is lost, forming an inert salt with lime.

3. To form this liquor it is only necessary to subpulverise the bark, and macerate it from four to six hours in twice its weight of cold distilled water; repeating the process twice, or at most thrice; to concentrate the infusions over a water bath to specific gravity 1200, and allow the liquor to deposit the gummy matter and so much of the tannin as it cannot retain in solution.

To separate any gum that may still remain in the liquor, and, to prevent any decomposition, proof spirit is added to it until the specific gravity of the liquor is reduced to 1100. The quinine still remaining the bark may, if it be thought desirable, be separated by acetic acid, and precipitated from its solution by ammonia, and, being redissolved in a small quantity of dilute acetic acid, may be diffused in the liquor.

The advantages of this medicine are—

1. That it contains not one, but all the active principles of yellow bark.

2. That the great part of the quinine is preserved *in its natural state* in combination with the peculiar acid of bark, in which it is more soluble than in sulphuric acid.

3. That the active principles *have undergone no change*, either from exposure to too great heat, as in the decoction, &c., or by being brought into too close contiguity, as in the extract, in which secondary formations take place to so great an extent that water is incapable of redissolving it.

4. That, containing no starch and little gum, it will remain unaltered for a great length of time.

5. That the quantity of spirit contained in a dose is too small to be objectionable.

6. That it is a convenient, agreeable, and elegant medicine, miscible with wine or water in any proportion.

This cold infusion of Cinchona cordifolia is stated to agree with the stomach in those cases in which the exhibition of quinine would give rise to irritation and nausea, and not unfrequently succeeds in obstinate periodical and cachectic diseases, when the disulphate of quinine has failed.—*Provincial Medical Journal.*

A HINT TO MAGNETISERS.

M. Richard, professor of magnetism, and Mlle. Virginie Plain, somnambulist, have been condemned to six months imprisonment by the police magistrates at Niort, (France,) under an accusation of "swindling."—*Ibid.*

COMPARATIVE WEIGHT OF THE HUMAN BRAIN IN THE MALE AND FEMALE.

Dr. John Reid has published a very interesting and valuable series of tables demonstrating the average weight of the several organs of the human body. Of those applying to the developement of the brain, the first table exhibits the heaviest, lightest, and average weight of encephalon, cerebellum, and cerebrum, with pons varolii and medulla oblongata at different ages in 253 brains. Though individual female brains are not unfrequently found to be heavier than individual male brains, yet the average male brain is several ounces heavier than the average female brain. The examination of the tables do not afford any support to the supposition of some, that the cerebellum attains its maximum weight at seven years of age, and the cerebrum its maximum weight nearly at the same period, or a little later. There appears to be little doubt, however, from all the facts which have been collected on this subject, that the brain arrives at its maximum weight sooner than the other organs of the body; and to judge (says Dr. R.) from a few measurements we have made of the length of the corpus callosum, the depth of the grey matter, the length, breadth, and depth of the corpus striatum and thalamus, we would be inclined to conclude that the relative size of the parts is the same in the young person as in the adult. We believe that there can be little doubt that the relative size of the brain to the other organs and to the entire body is much greater in the child than in the adult. We find less difference between the relative weight of the encephalon and cerebellum, at different periods of life, than we had been led to expect from some statements which had been made upon this question. The data we have collected do not entitle us to speak positively, but as the other statements to which we refer seem principally to rest upon the vague and uncertain measurements of the eye, we may reasonably request to be allowed to suspend our opinion of their accuracy, until we have a sufficient amount of materials brought before us to justify us in giving a decided judgment. In females we find a decided diminution in the average weight of the brain above sixty years of age, for we are perfectly satisfied, as the tables containing the individual facts will show, that we more frequently meet with a greater quantity of serum under the arachnoid and in the lateral ventricles in old people than in those in the prime of life. We are also satisfied, from an examination of the notes we have taken at the times the brain were examined, that a certain degree of atrophy of the convolutions of the braiu over the anterior lobes, marked by the greater width of the sulci, was more common in old than in young persons. We have, however, frequently remarked these appearances in the brains of people in the prime of life, who had been for some time addicted to excessive indulgence in ardent spirits.

In 87 brains, 34 of which were obtained from females, the total ages of both male and female brains ranging from twenty-five to fifty-five, the results were—

	Male.		Female.	
	oz.	dr.	oz.	dr
Average weight of encephalon	50	3½	44	8½
Average weight of cerebrum	43	15¾	38	12
Average weight of cerebellum	5	4	4	12¼
Average weight of cerebellum with pons varolii and medulla oblongata - - -	6	3¼	5	12½

Relative weight of encephalon to the cerebellum was as 1 to 9 4-7ths in the male; in the female as 1 to 9¼. Relative weight of encephalon to cerebellum with pons and medulla as 1 to 8 8-13ths in the male; in the female as 1 to 7 9-10ths. From which it would appear that in the female the average cerebellum is relative to the encephalon a little heavier than in the male. By a table, containing the relative weights of the entire body to the encephalon, the heart and liver, in the two sexes between twenty-five and fifty-five years of age, it would appear that though the average male brain is absolutely heavier than that of the female, yet that the average female brain relative to the weight of the whole body is somewhat heavier than the average male brain.—*Edin. and Lond. Monthly Journ.*

PROGNOSIS OF PNEUMONIA.

Statistical investigation proves that age, sex, and the seat of the pneumonia, have a remarkable influence on the mortality. In respect to the first, it is ascertained that pneumonia proves fatal in an increasing proportion after the twentieth year, infancy being excepted; while Chomel found the mortality but 1 in 30 of persons before twenty, it rose to 1 in 8 between twenty and forty, and to 1 in 5 between forty and sixty. Grisolle also found the mortality between fifty and sixty 1 in 5. In regard to sex, it appears that females are much less favourable subjects for pneumonia than males, the mortality among them having been, in Grisolle's extensive experience, from one-third to one-half greater. Andral first expressly declared pneumonia of the summits of the lungs to be more fatal than that of other parts—a circumstance which Louis affirms to be owing more to the well known greater frequency of pneumonia of the summits in persons advanced in life than to the mere influence of the parts affected. In this, however, he is not altogether correct, since it appears from Grisolle's cases that while 1 in 8 died from pneumonia of the lower lobes of persons of the average of thirty-seven or thirty eight, 1 in 5 died from pneumonia of the summits at the same period of life.

Prov. Med. Journ.

EXTRACT OF A LECTURE ON SYPHILIS, BY DR. PHILLIP RICORD.

It is, gentlemen, to meet some of the difficulties previously mentioned that I have determined, upon

mature reflection, to dedicate one entire lecture to the most proper mode of investigating a case of syphilis, and to demonstrate to you the degree of confidence which may be placed in the assertions of patients.

But, before I enter upon this subject, I beg distinctly to state my most unqualified respect for those convictions, without which the very existence of constituted societies is at stake. For female virtue—that guardian of the honour of men—I have the deepest admiration; but recollect, gentlemen, it is not with homilies on chastity that a course of syphilis can be carried on; and although I conceive it to be obligatory on the physician in practice not to destroy those illusions on which, occasionally, the peace of a family may depend, but to palliate the painful truths which might cause the annihilation of individuals, yet I conceive it to be my duty, in this amphitheatre, to raise the curtain, because science must not be made to consist of the delusions of love-sick youths, but of all the elements of truth which can be collected by manly and searching intellects.

Every day, gentlemen, persons affected with syphilis deny the possibility of the fact, from their knowledge of the "respectability" of the lady who has honoured them with her favours. Let us, therefore, examine what conditions can place a woman above suspicion.

Is it the fact of her being free from the sacred bonds of matrimony? This question I shall answer with an anecdote borrowed from Dupuytren's practice. That great surgeon performed suture on a lady in whom the perineum had been torn during parturition. A couple of years afterwards a friend and patient requested the professor to visit his young wife, with whom the happy bridegroom had been unable to effect complete intercourse. Dupuytren, to his great surprise, recognised in the "too perfect" maid the lady whom he had previously attended, and found he had been himself the involuntary cause of the deluded husband's ill success; the sutures had, in fact, caused the partial obliteration of the genital organs. He remedied the injury, and, of course, was discreet.

In consequence of the brutal and stupid superstition prevalent amongst the lower orders, that connection with a "real maiden" is the only effectual way of removing inconvenient syphilitic symptoms, I have myself seen a little girl, not eighteen months old, with chancres and buboes.

A man servant called on me not long since, labouring under gonorrhœa. His first statement was, that six months had elapsed since the last sexual intercourse. On being hard pressed with questions, he admitted that, being about to be married (two banns had been already proclaimed,) he had considered himself justified in levying a tythe on his future rights. I examined the "blushing bride," and, after much difficulty, she acknowledged that violence had been lately used towards her by another person; but, added she, to a certainty he was not diseased, for if he had been, she would positively have resented his rudeness by "raising the house." I need not tell you, Gentlemen, the third bann never was published.

Two physicians, beside myself, attended a young gentleman with constitutional syphilis. He mentioned having had intercourse with two women of suspicious character, whom the medical attendants examined separately, and found healthy. A month elapsed, and I at last discovered the real cause of this gentleman's amorous misfortunes to lie with a *married* lady of unblemished repute and high station, who had sent for me, not in my medical capacity, for she did not imagine herself infected, but to secure my attentions for the young gentleman above mentioned, whose disorderly conduct gave her no small uneasiness.

Who has not heard the famous history of Sidrac, who was presented with chancres in return for his first visit to the connubial bed. "It is true," says Voltaire, "it was a family complaint."

I must say, gentlemen, it is my conviction, more syphilis has its origin beyond the pale of prostitution than within it. But, even in Paris, what degree of security can public health derive from the medical examination of prostitutes once a week, or of unlicensed women once a fortnight, when we know *three days* to be amply sufficient for a sore to be communicated, and rendered inoculable, when we know from *our own* experience that infected women send to the physician in their stead one who does not fear inspection, and who thus brings home to them a stamped and signed permission to inflict on the unguarded and the imprudent the most horrible disease with which Providence has been pleased to chastise mankind!

The "profession" of syphilitic patients is occasionally brought forward as an unanswerable proof of the spontaneous developement of the disease, or at least as sufficient evidence of contamination, without the participation of the patient. Now, notwithstanding my profound and sincere respect for religious institutions, I conceive it would be offering an insult to your better judgment, were I to propose to you seriously, as Fallopia does in a sartirical mood, in explanation of venereal symptoms observed in a community of nuns, "the promiscuous use of holy water!"

My colleague, Dr. Serres, one of the most learned and distinguished members of the Academy of Sciences, Paris, was called in to attend a young lady who was troubled with hæmorrhoids. These turned out to be *bona fide* "chancres." The Doctor could not credit the evidence of his senses; he held a private conference with the young lady's mother, and, to his utter dismay and confusion, found her infected also, but in a manner more consonant with general custom. Further investigation showed that a *reverend* adviser of this interesting family had extended his attentions to both mother and daughter, and had left after him most painful marks of his kindness.

In the investigation of patients, physicians are often exposed to infection. I will select one out of many well authenticated instances. Our late lamented colleague, Dr. Hourmann, of the Hopital de l'Ourcine, in examining a syphilitic woman, inoculated a chancre on his finger. Secondary and tertiary symptoms were the consequence, and after ten months the disease terminated fatally.

This, however, is far from being the most frequent mode in which professional persons are diseased. A midwife with a papular and scaly eruption, was lately considered by Dr. Casenave as an instance of infection by *simple absorption* from the finger; she, of course encouraged the belief. On being cross-examined by myself, she acknowledged, with tears, that one single, never-since-repeated breach of her marriage articles had been visited on her thus severely, and that she would take good care to be perfectly faithful for the future to her lord and master.

When all these circumstances are reflected upon—when it is recollected that illicit and disgusting practices, too common in highly civilized countries, often produce primary sores of the anus, mouth, &c.—that a sense of shame will compel such pa-

tients to conceal the disgraceful truth, unless the avowal be actually wrung from them by the fear of consequences—can it be wondered at if the true origin of many cases of syphilis remains shrouded in doubt?—but is that origin, therefore, to be denied?

A class of females to which we are all, more or less, indebted—nurses—often lay upon their unconscious suckling the blame which more properly rests with older offenders. I have had under my care an infected nurse, who threw the entire onus upon an innocent baby, although she had taken, at the same time, "to nurse," an unlimited number of bold dragoons. A few days since a patient left our wards, cured of constitutional symptoms; his wife had communicated to him an indurated chancre some five months before. Here, again, a child she had nursed three years previously was made the scapegoat, and the poor husband never once reflected he had been living in the dangerous vicinity of a garrisoned town.

In the examination of syphilitic patients, we must not, gentlemen, lose sight of the disease previous to the present one—of the period at which the present symptoms may have arrived—nor of the possibility of total disappearance of former accidents. You must not forget that a phymosis may conceal the primary sores; that they may lurk within the folds of the vagina, or even be engrafted on the os uteri itself. This last remark leads us to our concluding observation, that all syphilitic cases in women, where the use of the speculum has been neglected, shall be for us as though they never were recorded.—*Prov. Med. Journ.*

INDICATIONS AFFORDED BY THE STATE OF THE IRIS IN CASES OF CEREBRAL LESION.

In the examination of cases of injury to the brain it is extremely important for you to enter minutely into all those signs which indicate any injury to the brain. First, the mental condition; next, the state of the pupils—the iris is placed before that expanded surface of the optic nerve, the retina, as an intelligent curtain to guard it from injury. The vital contrivances by which it acts, and by which its action is directed, are so beautifully perfect that the extent of the opening of the curtain is indicative of the state of the nervous apparatus it is destined to protect, by preventing such an amount of light impinging upon it as would be liable to injure it. In disease of the globe of the eye the dilated pupil indicates more or less pressure on the retina by some cause in the globe itself, such as a permanently turgid choroid, &c. But if with a healthy eye, but in connection with a blow on the head, we find a dilated pupil, then we have the sign of some pressure or injury to the nerve in its course within the skull, or the ganglia in which it terminates.

The dilated pupil, then, indicates very serious injury to the optic nerve, or the nervous centres with which it is connected, though it may happen, as in the case of very severe concussion, the injury is remediable. The contracted pupil, on the contrary, indicates an irritability of the nervous instruments, an undue excitement of their natural function—not an obliteration of it. You will sometimes see, in the case of injury of the brain, dilatation of one pupil and contraction of the other; where this is the case you will find the most severe injury of the brain on the side opposite the dilated pupil. I have several facts to prove this assertion, which I shall relate on a future occasion.—*Medical Gazette, Mr. Solly's Clinical Lecture.*

ONYXIS—THE NAIL GROWN INTO THE FLESH.

M. Gerdy does not approve of the avulsion of the nail as a means of curing this painful affection. The nail soon grows again, and with its growth returns the disease. Neither does he approve of the plan of contracting the point of the nail. Matters soon become as bad as ever. Neither is the plan of proceeding, according to which the diseased cushion of parts to the outside of the nail, although superior to the other two, to be greatly commended. The continual pressure upon the pulp of the toe by and by forces a new portion of flesh into contact with the nail, and renewed pain demands renewed interference from the surgeon. "The true and rational method of dealing with the affection," says M. Gerdy, "is to remove at a stroke, and obliquely, even beyond the middle of the pulp of the toe, the lateral and inferior parts which rise to suffer pressure from the edge of the nail, and to ulcerate under it."—*Lond. and Edin. Monthly Journ. of Med. Sci.*

ON THE COMPARATIVE FREQUENCY OF THE MORNING AND EVENING PULSE.

BY DR. STRATTON.

The old opinion on this subject was, that the pulse in the morning is slower than in the evening. Dr. Knox was the first who denied this; and from experiments performed by Dr. Stratton, on himself, he comes to the same conclusion. The following are the different views on this question:—

1st. The pulse is slower in the morning than in the evening.

2d. That it is of the same frequency in the morning and evening.

3d. That it is slower in the evening than in the morning.

4th. That in two-thirds of the cases it is slower in the evening, and in one-third it is quicker.

To these, Dr. Stratton is inclined to add a

5th. That out of seven days it is quicker in the morning on six, and slower on one day.

To give a more precise idea of Dr. Stratton's experiments we insert some of his tables.

Table 1st. In thirty-four daily observations, (from the 18th of November to the 24th of December, 1841,) on twenty-nine days, the morning pulse was higher than the evening, and on five days it was lower.

	Beats.	Difference.
The highest morning pulse was	91	4
" evenin "	87	
The lowest morning "	68	5
" evening "	63	
The average of the morning pulse was	82	9
" evening "	73	

According to this series, the morning pulse is higher than the evening, except once, in nearly every seven days, or in six days and four-fifths more correctly. The other tables show nearly the same result, and we shall merely give

Table 7th, which is the mean of the experiments made by Drs. Knox, Guy, and Stratton.

	No. of Observations.	Morning Pulse. Higher.	Lower.
Dr. Knox,	7	7	0
Dr. Guy,	3	2	1
Dr. Stratton,	7	6	1
	17	15	2

So that by this table the morning pulse is higher than the evening, except once in eight and a-half, or twice in seventeen days.

It would be desirable to have additional observations on the pulse in a state of disease, and on the pulse of women, both in health and disease.—*Abridged from Edinburgh Med. and Surg. Journ.* for Jan., 1843.

RESULTS OF HOMŒOPATHY.

We regret to state that another of the Earl of Denbigh's family has fallen a victim to the theory of infinitessimal doses. His lordship's third son died, last week, from accumulation of mucous in the air passages, the result of hooping cough. An emetic is usually employed in cases of this kind to free the bronchia; but whether the homœopathic fractions of ipecacuanha produced this effect or not we have not heard.—*Prov. Med. Journ.* May 20, 1843.

ANALYSIS OF THE BLOOD IN SIX CASES OF MORBUS BRIGHTII.

In the first case the patient was a male, aged fifty-six. The blood was very slightly buffed; the serum had a specific gravity of 1023.

In 1000 parts of blood:—

Water - - - -	853.11
Solid matters of serum -	81.28
Fibrin and corpuscles -	65.61

In 1000 parts of serum:—

Albumen - - -	68.5
Urea - - - -	0.5
Alkaline salts - - -	6.0

In the second case the patient was a male, aged thirty-two. The blood was both cupped and buffed.

In 1000 parts of blood:—

Water - - - -	835.85
Solid matters of serum -	82.54
Fibrin and corpuscles -	81.61

In the third case the patient, a male, aged thirty-five, the subject also of phthisis.

In 1000 parts of the blood:—

Water - - - -	828.92
Solid matters of serum -	76.98
Fibrin and corpuscles -	94.10

In the fourth case the patient, a male, aged sixteen, the blood being cupped and buffed, the specific gravity of the serum 1018, containing, in 1000 parts, albumen 64, and salts 6.5 parts; urea detected, but not estimated.

In 1000 parts of the blood:—

Water - - - -	777.06
Solid matters of serum -	71.14
Fibrin and corpuscles -	151.80

In the fifth case the patient, a male, aged thirty-two, the specific gravity of the serum 6025, containing 72 parts of albumen, and 1.25 parts of urea in 1000.

Water - - - -	782.86
Solid matters of serum -	73.14
Fibrin and corpuscles -	144.00

In the sixth case the patient, a female, aged thirty-seven, the specific gravity of the serum 1029 to 1030, containing albumen 79.5 parts, and alkaline salts 7.5 parts in 1000.

In 1000 parts of the blood:—

Water - - - -	805.71
Solid matters of serum -	85.56
Fibrin and corpuscles -	108.73

Dr. Rees, in Guy's Hospital Reports.

COMPOUND FRACTURE OF LEG.

At the Academy Sciences, Paris, April 17, 1843, M. Guyon forwarded a case illustrative of the effects of cold water in very severe injury to the limb. The case was one of fracture of the middle third of the tibia, with dislocation of the lower end of the fibula, laceration of the integuments, through which the end of the bone had passed, and compound dislocation of the astragalus. The foot was turned inwards to a right angle with the leg; the articulation of the joint was opened.

The surgeon commenced by returning the astragalus to its place, a matter of considerable difficulty; the foot was then brought outwards, the fibula replaced, and the lacerated integuments united by three stitches. There was a good deal of difficulty in keeping the foot straight, because the wound on the outer side of the ankle prevented the application of any hard body over this point; the splint used by Sir A. Cooper for fracture of the lower extremity of the tibia was at last tried, and found to answer. Irrigations with cold water, containing a small quantity of acetate of lead, were now employed without interruption for twenty days; the local symptoms were insignificant, but the general disturbance severe. On the fifteenth day some symptoms of tetanus appeared, and continued for two days, but yielded to large doses of opium. On the 5th of February the patient was in a excellent state, and the wound nearly healed.—*Prov. Med. Journ.*

TREATMENT OF TINEA FAVOSA.

The mode of treatment of this obstinate disease, employed by the freres Mahon, although kept secret by them, has for a long time been followed with unquestionable benefit in the Parisian Hospitals. The records of the bureau central, for example, prove that by this method were cured amongst others, three patients who had been unsuccessfully treated by the *calotte;* eighteen children dismissed as incurable from St. Louis; nine children, also, dismissed as incurable from the *enfans malades*, &c. Numerous other proofs might be adduced in favour of this method, a description of which we here subjoin.

The hair is first cut short, and the crusts then removed by emollient poultices. The head is now frequently washed with soap and water, and the inunctions and lotions continued until the scalp is completely cleaned. When this has been effected, the second stage of the treatment commences, the object of which is to remove the hair, *slowly* and *without pain*, from all points of the scalp occupied by the favus. Every second day the ointment (No. 1) is applied, and its use continued according to the obstinacy of the case. On the intervening days the hair is combed with a fine comb, to remove the loose hairs. This mode of treatment having been continued for about a fortnight, a depilatory powder (No. 2) is sprinkled through the hair once a week; on the following day the hair is combed, and the depilatory ointment applied as before. At the end of a month or six weeks a more active ointment is employed every day; and as the disease gives way the frictions are made only once a week, until the redness of the skin has entirely disappeared.

Although the formulæ of the remedies employed by the *freres Mahon* have been kept secret, yet their composition has been very nearly ascertained by experiment, and are supposed to be as follows:

No. 1.—Slaked lime, 8 scruples,
Soda of commerce, 12 scruples,
Lard, 64 scruples.
No. 2.—Wood ashes, 64 parts,
Pulverised charcoal, 32 parts.
Lotion.—Lime water, 500 parts,
Sulphate of Soda, 185 parts,
Alcohol, 24 parts,
White soap, 10 parts.
Ibid, from Duparc on Cutaneous Diseases of Children.

Observations on the Microscopic Characters and Manner of Developement of the Blood Corpuscles. By Dr. MARTIN BARRY.

Dr. Martin Barry, in a paper read before the Royal Society, has thus described the development of the blood corpuscle:—"1. The mammiferous blood corpuscle, like one of the cells of the ovum, is at first a disc or what is now called a 'cytoblast'—*i. e.*, a cellgerm. It is now a flattened vesicle or cell: like other cells or cytoblasts, however, it may and does become a cell, but then it is no longer flat. In the blood disc you see a central, colorless, concave portion, around which lies the red coloring matter.

2. As usually met with the blood disc is *round*, with the exception of two or three instances, in which, from the observations of Mandl in France, and Gulliver in this country, it has been discovered to be *elliptical*. I have since found that even in mammals, where the blood disc is usually met with round, *its original form is elliptical*. I have seen this to be the original form of the blood disc in man.

3. The discs first become round, continuing flat: subsequently, they pass into an orange shape; and, lastly, become globules. They also very much increase in size.

4. Along with these alterations in the form and size of the blood discs there takes place another change: instead of a mere concavity, there is now seen a colorless, pellucid semi-fluid substance, which, as the corpuscle becomes orange shaped, is found to be, not in the centre, but *on one side*. It is the nucleus of the corpuscle, the corpuscle itself having become a cell. This pellucid substance, or nucleus, divides into and gives off globules. Each globule, appropriating to itself new matter becomes a disc; and each disc, undergoing changes like the first, gives origin to other discs, a group of which constitutes the colourless corpuscle of the blood, for with the changes now mentioned the red colouring matter is consumed.

Thus, as the red pass into the colourless corpuscles, there must exist all intermediate stages; between them no line of distinction can be drawn.*

5. The corpuscles of the blood are propagated by means of parent cells—a parent cell has its origin in a colourless corpuscle, this colourless corpuscle being an altered disc. As the parent cell is forming, the new discs within it gradually become red, and are at length liberated to give origin in like manner to new discs, or to be appropriated in some other way.

6. From observation 4 it will be seen that the disc, or so-called cytoblast, is originally a pellucid globule, which globule, therefore, is the true cell-germ.

7. Sometimes the quantity of the pellucid substance in the blood-cell is very much increased. This takes place at the expense of the red colouring matter which surrounds it. The blood corpuscles, now cells, I have seen in various parts collected until the capillaries were completely *filled* with them, and until they had become pressed together into many-sided objects.

8. The originally colourless substance derived from the nuclei of the blood cells, and nearly filling the capillaries, as I have found it, appears to constitute the essential part of coagulable lymph to organise the same, and to give origin to the tissues, &c. It seems to be this same colourless substance derived from the nuclei of the blood-cells that forms the exudation, corpuscles of authors, the fibres of false membrane, and the filaments in coagulating blood—filaments which, as I have shown, here and there arise while this substance is still within the cells.—*Ibid, from Phil. Mag.*

TYPHOID FEVER AMONGST DOMESTIC ANIMALS.

M. Rayer relates a case which he considers illustrative of the existence of typhoid fever amongst animals. A young ass, six weeks old, died after having laboured under diarrhœa for about eight days. On examining the carcase, M. Rayer found no other lesion than that which is observed in the bodies of persons cut off during the first stage of typhoid fever. Several patches of the glandulæ agminatæ were enlarged, and much injected, with inflammation of the surrounding mucous membrane, and one of the patches was ulcerated in its middle. The condition of the injected mucous membrane was quite different from that observed in cases of dysentery.—*Ibid.*

TURNING OF PLANTS TOWARDS THE LIGHT.

At the Academy of Science, Paris, May 8, 1843, M. Becquerel read a report on a memoir by M. J. Payer on this subject, The chief result obtained by the experiments of the author, verified by the committee, is that the portion of the spectrum comprised between the red and blue rays is incapable of producing the tendency to turn, while the remaining portion occasions this effect.

INFLUENCE OF ASPHYXIA ON THE SECRETION OF BILE.

The experiments of M. Bouisson on this subject seem to show that *slow* asphyxia causes venous congestion in the liver, and increases considerably the secretion of bile; that bile is produced from the venous blood of the liver; that the qualities of the bile are influenced by slow asphyxia, this fluid becoming more dark and consistent, and appearing to be mixed with blood; finally, that asphyxia, by arresting the functions of the lung, developes the supplementary function of the liver, which throws off the excess of carbon by means of the bile.

SULPHATE OF QUININE IN RHEUMATISM.

M. Gueneau de Mussy read a report on the different papers which had been forwarded to the Academy, on the treatment of acute rheumatism by sulphate of quinine in high doses. After a careful consideration of all the points connected with this disputed question, the committee conclude that the sulphate of quinine should not be prescribed in the high doses of four to six scruples, recommended by M. Briquet; and, secondly, that the same therapeutic effects may be obtained by the ordinary doses of this remedy.—*Ibid.*